CAMPAIGN LOCAL COMM		e-m 3.2 8;5	a i le	d		
ls This Report an Amendment:	■ No		3.2	7-20	20	
Instructions for completing schedules are on the back	k of each schedule.		8:5	56 a.	m.	
COMMITTEE IDENTIFICATION		0 ,		ib		
Martin for Milwaukee				егланий середа в сере		
4629 W Scranton PI			OF	FICE US	E ONLY	
City, State and Zip Code Milwaukee, WI 53216				oversion of the contract of th		
Please check if address is different than previously reported, and	l complete the Campaign Reg	istration State	ment in the b	ack of this	form. 🗌	
NAME OF REPORT		***************************************				
January Continuing Pre-Primary						
July Continuing Pre-Election 2020	Spring [] I	fall [] S	Special		mination Report  plete Schedule 4	
SUMMARY OF RECEIPTS AND	Column A	Colun	nn B	Appendix of the control of the contr	J	
DISBURSEMENTS	This Period	Caler Year-To	1	e e e e e e e e e e e e e e e e e e e		
I. RECEIPTS				and the first of t		
1A. Contributions (Including Loans) from Individuals	\$1,100.00	\$1,100.0	0	Andrew Congress		
1B. Contributions from Committees (Transfers-In)	\$100.00	s100.00				
IC. Other Income and Commercial Loans	S	S		1		
TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)	s1,200.00	\$1,200.C	00	4		
2. DISBURSEMENTS				· ·		
2A. Gross Expenditures	s 3.95	s 3.95		1		
2B. Contributions to Committees (Transfers-Out)	<sub>\$</sub> 0	<sub>\$</sub> 0				
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$3.95	\$3.95				
CASH SUMMARY						
Cash Balance Beginning of Report	s 236.07					
Total Receipts	s1,200.00					
Subtoral	S			•		
Fotal Disbursements	s3.95			1		
CASH BALANCE END OF REPORT	\$ 1,432.12					
INCURRED OBLIGATIONS (Balance at the Close of This Period-3A)  \$						
LOANS (Balance at the Close of This Period-3B) \$ 2900.00						
I certify that I have examined this report and to the best of n	·	s true, correct	and comple	ite		
Type or Print Name of Candidate or Treasurer  Terrell Martin  Signature of Candidate or Treasurer  Jenul Martin  Email timartin 824@msn.com  Date 3/27/2020  Dayume Phone 414-758-1261						

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis, Stats. Failure to provide the information may subject you to the penalties of ss. 11.1401, Wis. Stats.

ETHCF-2L (Rev. 01/16) The Wisconsin Ethics Commission prescribes this form. Completed forms must be filed with your local clerk.

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## RECEIPTS Contributions (Including Loans) From Individuals

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Complete Committee Name

Martin for Milwaukee

	Martin for Milwauko				
Instructions fo	r completing schedules are on the back of each so Full Name, Mailing Address and Zip Code Of Contributor	hedule Occupation (if year-to-date total exceeds \$200)	Amount of Contribution		Y-T-D Total
2/27/2020	Chris Abele	Milwaukee County Exec.			
	1141 N Old World 3rd St		\$1,000	\$1,0	000
The state of the s	Milwaukee, WI 53203				
	Check if: In-Kind Loan Conduit – Ethics ID#	1			
3/18/2020	Andy Gronik	None			
	7124 N Beach Dr.		\$100.00	\$100	0.00
	Fox Point, WI 53217				
	Check if: In-Kind Loan Conduit – Ethics ID#				
***************************************	Check if: In-Kind Loan Conduit - Ethics ID#				
	Check if: In-Kind Loan Conduit – Ethics ID#				
	Check if In-Kind Loan Conduit - Ethics ID#				
7,000					
	Check if: In-Kind Loan Conduit - Ethics ID#		******		
	Check if In-Kind Loan Conduit - Ethics ID#				:
	SUBTOTAL	ITEMIZED CONTRIBUTIONS THIS PAGE	s 1,100.00		
		TOTAL ITEMIZED CONTRIBUTIONS	\$		
	TOTAL ANON	YMOUS CONTRIBUTIONS \$10 OR LESS	S		
	TOTAL CONTRIB	UTIONS RECEIVED FROM INDIVIDUALS	s 1,100.00	\$1,	100.00



#### **RECEIPTS Contributions from Committees** (Transfers-In)

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Page	1	of	ı
3-	<u></u>	• • •	

Complete Committee Name Martin For Milwaukee
Complete Continues Haine & A
Martin For Milwalkee
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Instructions for completing schedules are on the back of each schedule

Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution				
2/14/2020	IBEW Local Union 494	\$100.00				
	3303 South 103rd St. Milwaukee, WI 53227					
	Check if:  In-Kind  Loan	ļ				
	Check if  In-Kind  Loan					
		ļ '				
	Check if  n-Kind Loan					
			:			
······	Check if: In-Kind Loan					
·	Check if: In-Kind Loan					
			!			
	Check if in-Kind Loan		-			
	-					
	Check if: In-Kind I Loan					
			and the distribution			
	Check if: In-Kind Loan		and the second s			
	Checks. [1] IPANO ( ) Coal					
	Check if In-Kind Loan		1			
	SUBTOTAL CONTRIBUTIONS (Transfers-in) THIS PAGE	S				

TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES | \$ 100.00

			44.5
Seli		<b>1 3 3</b>	2.4
San et al constant de la constant de	ALCOHOLD STATE	STATISTICS.	IS NOW DO

### DISBURSEMENTS Gross Expenditures

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COMEDUL	Gross Exp	penditures	. 49.	T. 1900
Complete Comm				and tradition of the control of the
Instructions for	r completing schedules are on the back of each schedule.			Ĺ
Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Am	bunt
3/22/202	ActBlue	Fees	\$3.95	The state of the s
	366 Summer St, Somerville, MA 0214	4		empodulati dalari A i radicamp
			The state of the s	A the transfer of
	Check if In-Kind Offset			
				non for all files communications and
	Check if: In-Kind Offset			Common tax
				Organis i stata kit disi kitabulunda dikka
777000	Check if:			Notation - Participation Company of the 1 con-
				Affin a manual (A) a supplies access to
	Check if In-Kind Offset			
	Check if: In-Kind Offset			Average application of the state of the stat
	Check if: In-Kind Offset			Annual paper and the second se
	Check if In-Kind Offset			
	su	BTOTAL ITEMIZED EXPENDITURES THIS PAGE	¸188.	88
		TOTAL ITEMIZED EXPENDITURES	\$	Andrew Control of the
		TOTAL UNITEMIZED EXPENDITURES	100	00
		TOTAL EXPENDITURES	្ន188.	QQ

#### SCHEDULE 3-B

# Loans Individual, Committee or Commercial ADDITIONAL DISCLOSURE

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Page		of	

Complete Cor Martin for							
Instructions	or completing schedules are on the back of each Full Name, Mailing Address and Zip Code of Loan So		Outstanding	<u> </u>	Cumulative	<del></del> 1-	Outstanding
	Felesia Martin		Obligations Beginning of This Period	New Loans This Period	Payments This Period		Obligations End of This Period
Date 1 / 8 / 19	4629 W Scranton PI Milwaukee,	WI 53216	\$2900.00				\$2900.00
List All Endors	ers or Guarantors (if any)	**************************************		,	<del></del>		
Full Name Ma of Guarantor	iling Address and Zip Code	Occupation		N			to the second of
c.		Amount Guarante	eed Outstanding			****	The state of the s
Full Name, Ma of Guarantor	iling Address and Zip Code	Occupation					
		Amount Guarante	eed Outstanding				
Date	Full Name, Mailing Address and Zip Code of Loan So	urce	Outstanding Obligations Beginning of This Penod	New Loans This Penod	Cumulative Payments This Penod		Outstanding Obligations End of This Penod
/ /	The state of the s						
List All Endorse	; ers or Guarantors (if any)						
Full Name, Ma of Guarantor	ling Address and Zip Code	Occupation					
		Amount Guarante	ed Outstanding	2 T T T T T T T T T T T T T T T T T T T			
Full Name, Mai of Guarantor	ling Address and Zip Code	Occupation		,			
		Amount Guarante	ed Outstanding				The state of the s
	Full Name, Mailing Address and Zip Code of Loan Soi	urce	Outstanding Obligations Beginning of This Period	New Loans This Penod	Cumulative Payments This Period	Ē	Outstanding Obligations and of This Penod
Date / /							
List All Endorse	rs or Guarantors (if any)		J 1.				
Full Name, Mall of Guarantor	ing Address and Zip Code	Occupation					area shop
		Amount Guarante	ed Outstanding	**** The model Part of the Section Particulars		<u></u>	
Full Name, Mail of Guarantor	ing Address and Zip Code	Occupation	/		100012		
		Amount Guarante	ed Outstanding				
		ann.	SUBTOTAL OF	ITSTANDING LOA	NS THIS DAGE	s	2900.00
			555101AE 00	TOTAL OUTSTA		\$	2900.00